

MENTAL HEALTH UPDATE

September 23, 2009

We Need Your Help!

Do you have a new idea or possible topic for this “Banner” section of the Update? If so, we’d be interested in hearing about them! Please send any ideas or suggestions to Trish Palmer at tpalmer@vdh.state.vt.us

ADULT MENTAL HEALTH & FUTURES

Introducing Housing First-Assertive Community Treatment in Vermont

In collaboration with the Vermont Department of Mental Health (DMH), Pathways to Housing, a national leader in serving homeless people, has been awarded a *Services in Supportive Housing Grant* to implement *Introducing Housing First-Assertive Community Treatment in Vermont* (a Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practice) to meet the needs of chronically homeless people in urban and rural areas throughout Vermont.

Housing First – Assertive Community Treatment (HF-ACT) will be implemented in the first year in urban Burlington targeting to serve an average daily census of 60 people. In years 2-5, the Partnership will lead a consumer-driven, participatory planning and implementation process to adapt the HF-ACT approach to rural needs (targeting service to an average daily census of 150 additional people in rural areas). Through HF-ACT, no-strings housing first (HF) is coupled with Assertive Community Treatment (ACT) to reach individuals for whom engagement is difficult.

In providing a safe, stable context for engagement and retention, housing is the first step in individualized recovery and community integration. ACT, a SAMHSA endorsed strategy for consumers with serious mental illness and substance abuse disorders, ensures that each consumer receives respectful, individualized treatment organized around their own goals. HF-ACT has been associated with 85% rates of success in assisting chronically homeless consumers achieve stable housing and engage in treatment for mental health, substance abuse, and primary care needs.

The Department of Mental Health, via the efforts of Brian Smith, the Department’s community housing coordinator, is pleased to be a partner in reaching out to individuals seeking to end chronic homelessness through this Pathways to Housing grant-funded initiative.

SRR Recovery and Architectural Planning

Three different planning meetings for the proposed secure residential recovery program were convened since the last update: one with VSH inpatients, one focused on the recovery programming and one with the Architecture team on facility design. The recovery programming meeting tested concepts of work, recreation, and peer and family supports against a draft building lay-out. The meeting with the Architecture Plus team focused on preliminary concepts for comfort rooms, sensory modulation, seclusion & restraint, and access and design of the proposed outdoor yard. In addition, several changes were suggested to re-orient the high activity rooms to the enclosed yard. The VSH inpatients provided feedback about the residential space and the types of activities that they recommend for the program. We are beginning to enter the “schematic” design phase reflecting the substantial progress made through the summer.

Care Management System Development

At the first meeting to begin forming a steering committee for the clinical care management system participants struggled with the consultants’ recommendation for a representative process. While some participants endorsed the concept of creating a representative body others questioned whether such was possible or appropriate. The group did review one of three proposed work group charges and based on the discussion, DMH will undertake two sets of actions. First, any work group for the care management design will include consumer and family representation. Second, DMH will convene or support the three work groups as proposed to begin the operations design. Once the workgroups have proposed products to review, we will reconvene the developing “steering committee”.

The Bed Board work group is meeting on a frequent basis to develop a resource locator system for inpatient, crisis, and residential beds. For more information, contact Michelle Lavalley at michelle.lavalley@ahs.state.vt.us or 802-652-2022.

Transformation Council

The inpatient pressures on the Vermont State Hospital, DMH’s legislative initiatives for the 2010 session, hospital proposals for psychiatric acute care services, and an array of projects funded by SAMHSA were among the topics discussed at this month’s meeting of the Transformation Council. Commissioner Michael Hartman referred to the hospital proposals, questions from the review committee, and answers to those questions posted on the DMH web site. The review committee will meet later this month to make their recommendations. Grant-funded projects include reducing seclusion and restraint at VSH and the Brattleboro Retreat, helping veterans and others with post traumatic stress disorder and substance use, and training to provide children with trauma-sensitive care.

CHILDREN’S MENTAL HEALTH

Regional Plans

The big news from the Youth in Transition work is that the regional plans are starting to arrive! So far, the Addison and the Orange/North Windsor regions have submitted their plans to improve the local system of care and better serve young adults of transition age. The State Operations and Outreach Team is carefully reviewing the plans, highlighting strengths and pointing out areas for improved response either now or during the first year of implementation. Several other plans will be arriving soon and will be reviewed in as

timely a manner as possible. After that, sub-grants will be awarded to the regions for delivery of service and the evaluation will start.

Currently the Evaluation Team is involved with finalizing its application for UVM Independent Review Board (IRB) approval and with helping to deliver two ASEBA trainings in the north and the south of Vermont.

And we nearly have a YIT “brand”! Our Social Marketing Coordinator Courtney Bridges has almost completed design of a logo, letterhead, and a brochure about the Young Adult Coordination happening through the grant. Keep your eyes open for the “unveiling”, which may happen at the Annual Collaboration Conference in Killington on October 16. Courtney and Vanessa Lang, our Training and Technical Assistance Coordinator, will help to deliver a workshop with Bennington and Springfield regional planners, including young adults.

September Is Suicide Prevention Month

September is Suicide Prevention Month when people will gather at a wide range of events, from a United Nations public conference to a community walk in Burlington, VT.

Whatever the size of the event, they all aim to:

- increase public awareness of the importance of addressing mental health issues,
- assist those impacted by suicide,
- promote the message that suicide is preventable and
- launch new initiatives and strategies to save lives.

World Suicide Prevention Day 2009 was September 10. The day was launched at a media briefing during the United Nations Press Conference at the UN Headquarters in New York, where the latest statistics on suicide worldwide were announced along with the latest suicide prevention initiatives. The International Association for Suicide Prevention and the World Health Organization, who hosted the event, estimate that suicide deaths account for more than half of all violent deaths in the world--more than all deaths from wars and homicides combined. Every year many millions more make serious suicide attempts. Millions more people, family and friends, are bereaved and affected by suicide each year. In the United States, a person dies by suicide every 16 minutes. Currently suicide is the 11th leading cause of death in the US. In Vermont, it is the second leading cause of death for youth aged 11-23.

World Suicide Prevention Day draws attention to the need for governments and organizations to contribute to suicide awareness and prevention through activities, events, conferences and campaigns in their countries. It reminds people that suicide is influenced by cultural, religious, legal, historical, philosophical, and traditional factors and that, in order to save lives, prevention programs need to be tailored to different cultural contexts.

The recently-formed Vermont Youth Suicide Prevention Coalition (VYSPC) consists of representatives from public health and education, suicide survivor groups, youth leadership, law enforcement, Vermont 2-1-1, and private mental health services. VYSPC will launch a series of youth suicide prevention programs statewide under the name of Umatter. The mission of the Umatter campaign is to create communities in which schools, agencies, and people of all ages are given the knowledge, skills, and resources to respond effectively to suicidal behavior by youth.

A major component of the Umatter campaign will be a series of school and community-based trainings presented by the Center for Health and Learning (CHL). The first of these trainings have been scheduled for school administrators, health educators and counselors this fall. *The Lifelines Program for Suicide Prevention: Creating Communities of Hope* will be offered three times in three separate locations: September (Killington), October (Stowe) and November (Montpelier). The Umatter coalition and the trainings are underwritten by a grant from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the Garrett Lee Smith Memorial Act funding.

On October 3rd, the Vermont Chapter of the American Foundation for Suicide Prevention (AFSP) will host an Out of the Darkness Community Walk in Burlington. In addition to raising funds for AFSP research and services, this annual, nationwide event provides an opportunity for survivors of suicide loss to honor their loved ones and to join with concerned others in breaking the silence and stigma that often surround suicide.

If you would like to support a walker, donate online, or register to participate in the Burlington Out of the Darkness Community Walk, go to www.outofthedarkness.org and follow the links to the Vermont donor page. For further information contact Linda Livendale at llivendale@yahoo.com or 802.479.9450.

For information on the Umatter Youth Suicide Prevention Project and the fall *Lifelines* trainings, contact Brian Remer at brian@healthandlearning.org or 802.254.6590 or go to www.healthandlearning.org.

VERMONT STATE HOSPITAL

Consultants Recognize Work of Seclusion & Restraint Reduction Interventions

On September 17th and 18th, and for the second time this year, all the members of the Vermont State Hospital community hosted three consultants from the National Association of State Mental Health Program Directors (NASMHPD), who report to the Substance Abuse and Mental Health Service Administration (SAMHSA), regarding VSH's progress in the Seclusion and Restraint Reduction Interventions grant. The consultants last visited during the second week of January, and were interested in observing the grant intervention implementation for the past eight months. They recognized the good works done by all members of the VSH community; patients, staff members, volunteers, advisory council members, and DMH representatives. The consultants for this visit were; Nan Stromberg, MA-DMH, who is the State of Vermont's assigned consultant serving both VSH and the Brattleboro Retreat, Pat Shea, NASMHPD, who serves as the Deputy Director at NASMHPD; and Gayle Bluebird, NASMHPD, who is a nationally recognized consultant for the development of consumer/peer programming. The visitors met with patients, staff members, grant advisory council members, and DMH representatives, during the two days and will develop a report that includes recommendations for future work to reduce the use of seclusion and restraint. In their exit conference the consultants complimented all the members of the VSH community for the good works they observed, the willingness to move forward with the reduction interventions and the progress that has been observed. The consultants also recognized that this was all done in the face of a "double bind" condition where the hospital must continue to work on other improvements required by the Department of

Justice (DOJ) and continue to respond to the Centers for Medicare & Medicaid Services (CMS) regulatory surveys. As one of the many gatherings the VSH Executive Leaders specifically requested a meeting with the consultants that focused on how to implement the Six Core Strategies to reduce seclusion and restraint, which are recovery- and trauma-oriented, and which in some cases may be in conflict with CMS regulations as documented in past surveys. Unfortunately, the consultants had no operational solution for these conflicts, but shared that they believe that there seems to be a growing need for dialogue regarding these issues. We thank all the people involved in the consultant's site visit and look forward to their report. The good works will continue at VSH and if you have any questions about the VSH's seclusion and restraint reductions interventions, please contact Ed Riddell at eriddell@vdh.state.vt.us."

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 48 as of midnight Tuesday. The average census for the past 45 days was 49.4